

repair phase of the wound can continue successfully with the formation of capillaries, bed and fibrous tissue, yielding a firm granulating bed that is able to resist infection's.

### Post debridement care

Once the infection is under control, patients should be placed on oxygen via nasal cannula to enhance wound healing and kept at complete bed rest with twice or three times daily dressing changes. When they are stable enough to be mobile, physical therapy is beneficial for gait training with no weight to the affected part.

### SUMMARY

The most important aspect of our approach to the wound patient is that of the team. (i.e. podiatrist, physician, plastic surgeon and nurse.) Moreover, the patient is an integral part of the management team. Wounds require twenty four hour maintenance, and only the patient can provide that. Our role is that of educator and guide, and to intervene when conditions warrant.

Wound healing is a complex event involving multiple systems. The reasons why wounds do not heal present even more complicated problems. Usually no single factor but a combination of pathological conditions interferes with wound healing. No single treatment option can be expected to heal a wound and keep it healed. Each factor preventing the wound healing process must be addressed and altered. These problems require the expertise unique to many specialties and are best treated in the context of a multi-disciplinary wound care centre.

Data concerning the aetiology of non-healing wounds, wound characteristics and wound healing rates can be gathered, recorded and analysed in the wound care centre. The effectiveness of traditional and new treatment methods can be scientifically determined.

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